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ABSTRACT

The document contains materials from the Jefferson County (Alabama) vision and hearing screening program to identify students with sensory impairments, to monitor "at risk" students, and to provide appropriate educational intervention. The package contains the following: instructions for the principle on vision screening; procedures for vision/hearing screening and followup; a sample screening/recheck calendar; a checklist for referral; vision and hearing screening checklists; and sample letters and forms. (SW)

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VISION AND HEARING SCREENING IN JEFFERSON COUNTY PUBLIC SCHOOLS

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EC162848

Paper presented at the International Convention of The Council for Exceptional Children, Washington, D.C., April, 1984.

VISION AND HEARING SCREENING IN PUBLIC SCHOOL DISTRICTS

Vision and hearing screening is important for identification of students with sensory impairments. A thorough and consistent vision and hearing screening program is a method of locating children in the regular class who have problems which interfere with educational instruction.

Three Jefferson County service areas, Speech/Language/Hearing Services, Vision, and Health Services, combine forces in order to identify all students in Jefferson County Schools who have hearing or vision difficulties which are serious enough to hinder academic progress. Ongoing screening and subsequent diagnostic work as well as monitoring of students who are "at risk" afford assurance that the students in Jefferson County classrooms can see and hear well enough to benefit from instruction. If they cannot see and hear well enough to benefit from instruction, they are provided appropriate exceptional education intervention.

Over a 16 year period, the screening process has been refined into an efficient, effective identification and tracking system that is managed in each school by assigned vision and hearing personnel. It is currently used as a model for school systems over the state. The 1981-82 school year ended a five year revised implementation period which has proved to be 99.2% accurate in identifying and tracking hearing and vision

difficulties within the target population of 108,425 students.

The program functions have become more effective as a result of equipment provided by the Alabama Foundation for Hearing and Speech, Jefferson County's Exceptional Education Department and Health Services Department. Ongoing purchase of new equipment and replacement of old equipment is essential to continued effectiveness of this program.

In Jefferson County Schools, the vision and hearing screening is coordinated by thirty speech and language pathologists and administered by the Parents and Teachers Association (PTA) Volunteers or other community volunteers (parents, telephone pioneers and students at UAB School of Nursing and UAB School of Optometry). Failures on the original screening are referred to the audiologist or one of five vision teachers for rechecks and further referrals.

Table 1

Summary of Vision and Hearing Screening
1981-82

Vision	
Students screened	17,932
Students failing screen	1,057
Students failing diagnostics	396

396 students were identified having educationally significant vision dysfunction.

388 students were followed up, treated and dismissed or put on a tracking program.

8 required vision services

Hearing	
Students screened	21,685
Students failing screen	677
Students failing diagnostics	410

344 students were identified having educationally significant hearing dysfuntion.

320 were followed up, treated and dismissed or put on tracking program.

24 required hearing services.

NAME: Instructions for Vision Screening (For the Principal)

DESCRIPTION: This form informs the principal of vision screening details as to who holds final responsibilities for screening. Also included is information concerning referrals for screening.

USE: This letter is sent to the principal for detailed information about vision screening and follow up. This form is used prior to screening.

JEFFERSON COUNTY BOARD OF EDUCATION
Birmingham, Alabama

#1

INSTRUCTIONS FOR VISION SCREENING
(For the Principal)

HOW TO FIND PUPILS WITH EYE PROBLEMS:

Two procedures are used to identify children with eye problems: (1) teacher observation, and (2) a screening test for visual acuity using the Snellen letter E chart. Neither procedure is adequate alone but combined they screen out most of the children who need to be referred for further examination by a specialist.

Teacher observation of the child's eyes, and his behavior as he uses them, is highly important. Many children never complain of eye difficulties. They have no basis for knowing how much or how little they should see. Children with certain types of eye defects are able to see normally for short periods of time by adjustments of the small eye muscles, and may be able to pass the screening tests for visual acuity. However, their eyes become fatigued easily and they cannot sustain the performance for long periods without intermittent blurring or excessive eye fatigue. The teacher frequently can tell, by comparison with the group, that a child is not seeing as well as average. She should refer for the Snellen screening tests not only pupils who cannot see the blackboard but also the child who loses interest, or becomes cross, or blinks or rubs his eyes, or shows other signs of visual difficulty when reading. (See supplementary sheet for criteria for referral.) If the signs of difficulty are pronounced and persist over a period of time, the child should be recommended for examination by the specialist even if he passes the Snellen test.

The Snellen letter E screening test should be used. It is the simplest of the tests for visual acuity. As indicated above, it is, in itself, incomplete and must be supplemented by observation of the eyes in use. This combination locates most of the grave vision difficulties. They are all we are prepared at this time to follow up. Additional effort devoted to following up serious conditions is more productive than additional effort spent in testing with more complex methods which reveal many of the less serious defects. With this in mind, our Board of Education has approved a resolution of the Board of Health recommending screening with the Snellen chart and "by personnel other than practitioners who could profit by the referral or by the sale of appliances."

WHO IS TO BE SCREENED:

(1) It is desirable to screen every child every year. Children's eyes change throughout the period of growth and development, and eye defects may develop at any time during this period. When annual screening is done, most children with defects will be found before adverse effects develop. (2) If it is not feasible, in your situation, to carry out the optimum procedure of annual screening, it is better to screen alternate grades (I, III, V, VII, etc.) <u>every year</u> than to screen all grades every other year. (3) The <u>minimum</u> screening program which can be recommended is the annual screening of all pupils in Grades III, VII, and X plus all first grade pupils who did not bring a visual acuity report from the doctor or clinic, all transferred pupils not having a vision report, and all pupils in any grade who are suspected by their teacher to have visual difficulty. The grades included in the minimum program (III, VII, X) have been selected by the Inter-Agency School Health Committee, in consultation with a medical advisory committee, because of eye development hazards at that age or for administrative and educational reasons. Schools which cannot carry out a more ambitious program are urged to adopt the minimum standard so that we may have an orderly and uniform plan in the county. It will facilitate the management of transferred pupils and will assure all pupils of attention at the three strategic points in their school life. Any school

#1

using the minimum plan will need to take more than usual care in the observation and referral of pupils from other grades.

RESPONSIBILITY FOR SCREENING:

It is preferable for the teacher to do the screening as part of the health instruction program. She is responsible, anyway, for observation of behavior which may indicate visual difficulty. In elementary schools, the classroom teacher would be responsible. In Junior and Senior high schools, the principal should designate the teachers to do the screening. If the principal prefers, high school student groups -- such as the Future Nurses Club -- may do the screening under the supervision of a teacher. In some situations it may be possible and desirable to enlist the help of a PTA committee. The principal is responsible for deciding which plan fits his school and for seeing that the program is carried out efficiently. Arrangements may be made for the public health nurse to teach how to give the test and to re-screen all pupils who do not pass the first test satisfactorily. Some other experienced person may do the re-checking, if preferred, but it is imperative to re-check all children who are being referred for medical examination. This is a safe-guard to the school and may save parents unnecessary expense.

REFERRAL FOR EYE EXAMINATION:

The principal is responsible for getting in touch with the parents and encouraging them to arrange for an eye examination. Make the notice as personal and individual as possible. Telephone calls probably are more effective than notes. Some principals prefer hand written notes from the teacher. Printed forms like the enclosed sample may be secured from Room 412-D, Court House, if you wish to use them. In every case where the child is not taken for an eye examination, efforts should be made to find out why the family does not take him and to help them work out a feasible plan to do so. The principal may request a home visit by the public health nurse or arrange for a conference with the parent at school.

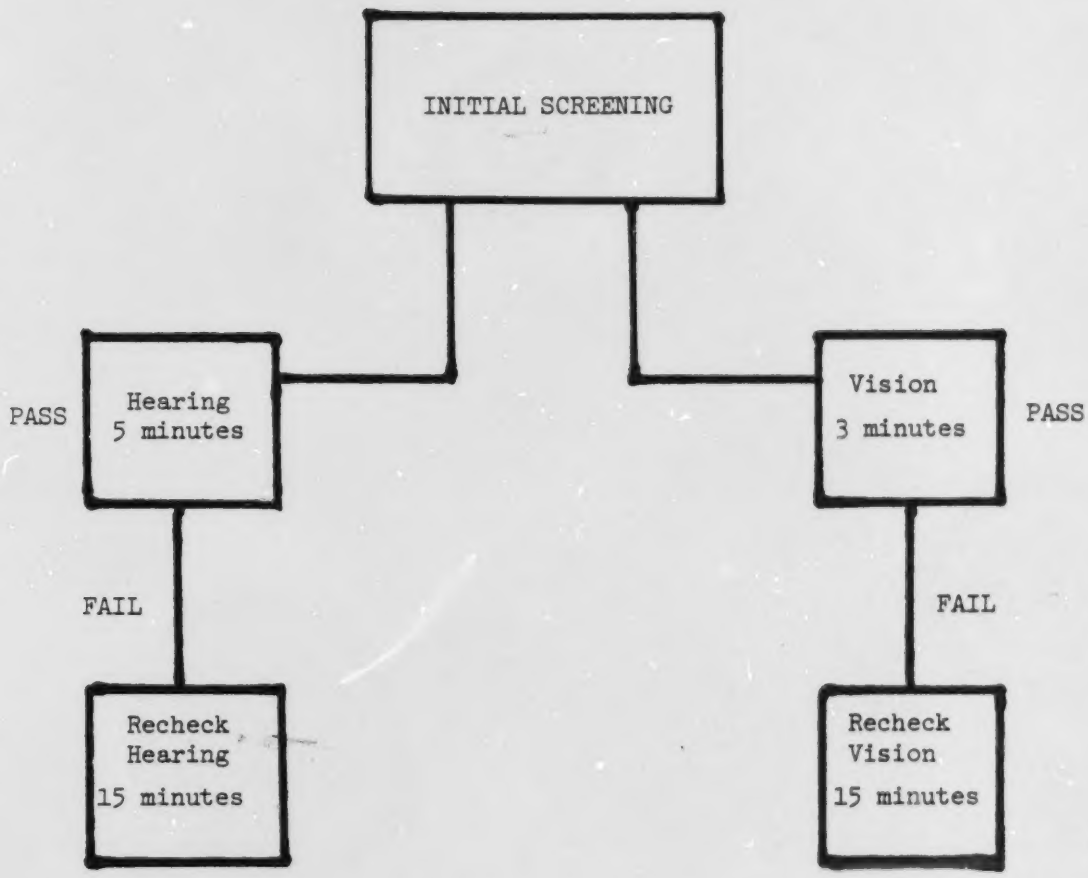
SCHOOL ADJUSTMENTS:

Children whose visual acuity and functioning cannot be restored to near-normal by medical treatment or glasses may need adjustment in educational placement and training. The school should secure information from the doctor about the child's condition and recommendations for any needed modifications. Forms are supplied in this envelope for the parent to take to the doctor. If additional information or interpretation is needed, help may be secured through the School Health Program Consultant, Room 412-D, Court House.

Table 3

TIME CHART

STUDENT TIME
OUT OF CLASS



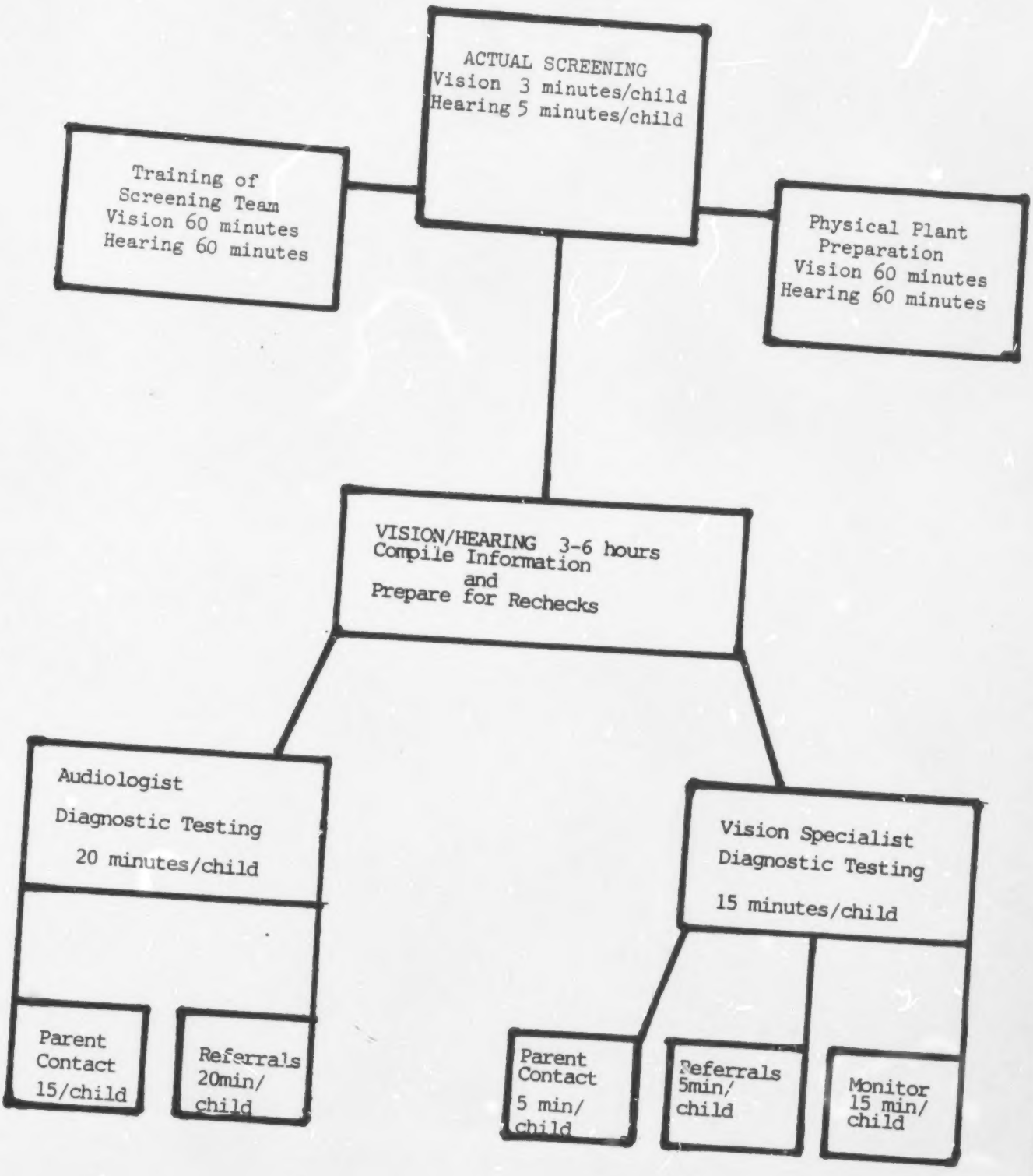
NAME: Procedures for vision/hearing screening and follow-up.

DESCRIPTION: The procedures listed outline specific details for screening and follow-up as required of Speech, language, hearing pathologist. The roles of the audiologist and vision specialists are noted to provide complete spectrum to completion of follow-up.

USE: The SLHP utilizes the procedures list for organization and completion of the school vision and hearing screening.

Table 2

INITIAL SCREENING



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AUDIOLOGICAL SERVICES

PROCEDURES:VISION/HEARING SCREENING AND FOLLOW UP

1. Screening is scheduled with the Principal and SLHP
2. Rescreen dates are determined with the Principal and SLHP and Vision Specialists.
3. Equipment is assigned and a check out list is given to equipment manager.
4. Arrangements are made for assistance from volunteers if possible.
5. Appropriate notification is given to all involved (in writing if possible).
6. Screening is done by the SLHP and volunteers.
7. SLHP rechecks fails and yearly rechecks for hearing including:
    A. Completed audiology recheck form
    B. Permission to test
    C. All previous records
    D. Recheck list from last year with this year's additions added
8. SLHP sends records above to audiologist. Audiologist/ Vision specialist will call to remind the SLHP of the day of rescreening

9. Audiologist reviews records to:

   A. Review records; if not complete send back to SLHP or request that info. be present on day of recheck.

   B. Fill out initial information on Audiological Assessment form for each student on recheck list.

   C. Determine who will be tested by the audiologist on the recheck date.

   D. Complete Audiological Assessment form for all students who will not be tested on recheck date.

   E. Completes Parent Letter for all students who will not be tested on the recheck date.

   F. Request records as appropriate.

   G. Refer to appropriate individual within school system, i.e. Chapter I Counselor, if appropriate.

   H. Contact parents if needed before recheck date.

10. Audiologist will contact SLHP prior to recheck date to:

   A. Name students who should be scheduled for testing on recheck date.

   B. Confirm appointment.

   C. Confirm place to test.

   D. Confirm assistance in getting students to test site and in completing school records.

11. Audiologist will complete recheck including:

   A. Testing students selected from recheck list.

   B. Testing Hearing Impaired students in the school if

time allows.

C. Complete and Audiological Assessment form on all students on the recheck list.

D. Complete file for every student on the recheck list including:

Audiological Assessment form

Letter to parent

Copy of all new information on student (This should indicate recommendations for student, status for testing next year, schedule for follow up on any information requested)

E. Be sure that the SLHP understands recommendations, what is to be done by the school or SLHP and what is to be done by the Audiologist.

F. Summary of program success to be related to principal and SLHP.

12. At next Speech Eligibility Determination Committee (SEDC) present all contract requests with verification of recommendation.

13. Send parent letters. Follow up with conference or phone call as needed.

14. Schedule contact with parent if information is not received or contact made within two weeks.

15. Send contracts as needed when parents request or as your

contacts indicate need. This will include the questionaire being developed now.

16. Where contracts are used the SLHP gathers permission, signed contract, copy of report, and copy of bill and sends all to audiologist. Parents may send all information to the audiologist and appropriate instructions will be given.
17. Where contract is not used, the permission letter should be returned with a copy of the requested information: original to the audiologist and a copy to the school hearing and vision file.
18. Unused contracts should be documented in contract file with a note on the authorizing form A in the audiological folder that it was not used.
19. New audiology report will be filled out on students with new information and sent to school with copy of new information. New parent letter will be sent if needed with copy to school.
20. School will be informed of status changes of student and audiologist will be sure SLHP understands recommendations and any actions that are recommended, and who will be responsible for them.
21. Vision specialist will complete recheck with the following procedure:
    A. Obtain recheck list from SLHP
    B. Recheck failures/referrals for near and far acuity
    C. Notify parents of recheck results

D. Complete list of results of recheck

E. Refer to physician/specialist for diagnostic examination.

22. The school vision and hearing file and the audiological file should be consistent. Sharing information as needed will insure that everyone involved is aware of each student's needs and status for hearing follow up.

23. Complete file will be forwarded to Supervisor for all students recommended for Hearing Impaired/Vision Impaired Services and notified of special needs or problems.

NAME: Sample Screening/Recheck Calendar

DESCRIPTION: The monthly screening/recheck calendar provides an overview of one month's schedule of screening, grades being screened, number of audiometers needed, and recheck dates.

USE: The calendar can be used by the SLHP, the audiologist, and the vision specialists as a guide for system-wide organization of the vision and hearing screening and rechecks.

* Do not schedule any hearing tests on Mondays

* Try to schedule vision tests on Fridays

Call Dr. Rice for V & H packets of Guarr.

SEPTEMBER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
	3 Holiday LABOR DAY	4	5 Alice Farrell - Concord	6 Full Vision Hearing Screen - 3 aud. - 3 days	7	8
	10 Pearl Hairston - Brighton - McNeil - 1,3,6 Vision - Hearing - 2 aud.	11	12	13	14	15 THIRD T
	17 Linda Gibbs - Bagley; Barbara Lavender -	18 Jr Hi & Snow Rogers - Pinson - Palmerdale - Vision - Hearing Screen - 5 days - ___ aud.	19 1,3,6 Vision - Hearing Screen. (3) aud. - 5 days; Jerry Thrasher - McAdory 1,3,5,7 gr. V & H screen - 3 days (5) aud.; Sheila Robertson - Brookville (4) aud. 1,3,6 V & H screen	20	21 Alice Farrell - Vision Rock Concord - 1 day	22 ROSH HA
3 AUTUMN BEGINS	24 Start hearing screens; Maryetta Cunningham - Addison; Debi Martin - Chalkville -	25 Addison Center - Addison Elem. - Hrng Screen aud.; 1,3,6 Hearing only - 5 audiometers - Pearl Hairston - Vision Rock - McNeil - Brighton	26 Betty Priddy - Springville, Except - Elementary - Judy Fuller - Adamsville - 2 aud. Sandusky 1,3,6 Vision Screening; Alice Farrell - Hearing Rock Concord - 1 day	27 Pearl Hairston - McNeil - McNeil	28 Brighton - Hearing Rock; Linda Gibbs - Vision Rock Bagley - Snow Rogers	29
0						

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18

19

#3

NAME: Screening Scheduling Letter

DESCRIPTION: This letter is notification to speech pathologists that scheduling for vision and hearing has not been completed. Steps for schedule completion are listed.

USE: This letter is sent to speech pathologists for completion of schedule for school district vision and hearing screening. The letter is sent in the spring prior to screening in the fall if speech pathologist or principal has not responded to phone request for screening/recheck dates.

Jefferson County Board Of Education
400-A Courthouse Building
Birmingham, Alabama 35263-0056
Telephone: 205/325-5222

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MEMORANDUM

TO: Speech/Language/Hearing Pathologist

FROM: Esther O'Brien, Supervisor of Exceptional Education

RE: Vision and Hearing Screening

Your school is not on my screening schedule, therefore, you need to do the following things to be able to screen for vision and hearing this year.

1. Complete the order form and send it to me as soon as possible.
2. Call audiologist and set up screening and re-check dates.
3. Notify me in writing of the dates for screening and rechecks.
4. Be sure the audiologist has reserved your audiometers and eye charts, and notified vision personnel of your screening and re-check dates.

Thank you.

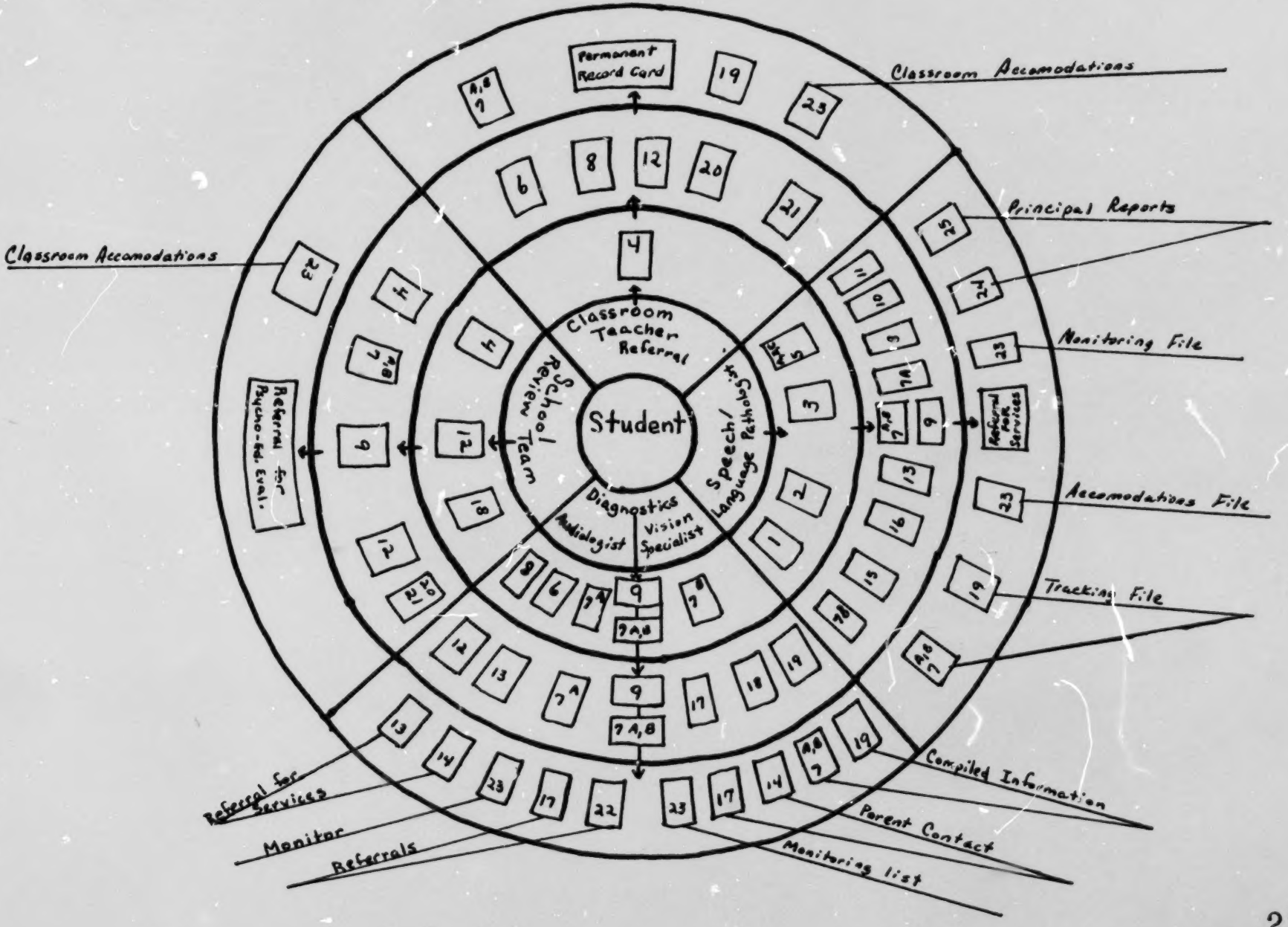

Table 4

Flow Chart of Forms Used During Screening and Recheck

NAME: Referral for Hearing/Vision Screening

DESCRIPTION: This checklist is a one-page referral with specific behaviors and symptoms listed.

USE: The checklist is used as a written referral for screening. The student's name is listed for future reference to behaviors and symptoms. This form is used by the classroom teacher, step 1, as referral process.

JCBE Form.464.2-D
SLHP

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Jefferson County Board Of Education

SPEECH/LANGUAGE/HEARING SERVICES

Referral for Hearing/Vision Screening

Student's Name_____Home Phone_____

Teacher's Name_____

Hearing:

A. PHYSICAL CONDITIONS INDICATING POSSIBLE HEARING TROUBLE:

_____1. Draining ears

_____2. Mouth breathing

_____3. Frequent colds

B. COMPLAINTS INDICATING POSSIBLE HEARING TROUBLE:

_____1. Ear ache

_____2. Ear stopped up

_____3. Noise in ear

C. BEHAVIOR INDICATING POSSIBLE HEARING TROUBLE:

_____1. Inattention and listlessness

_____2. Asking for repetition of things just said

_____3. Delayed response to speech

_____4. Poor speech

_____5. Turning or cocking head in an effort to hear better

_____6. Leaning forward to hear, or cupping ear with hand

_____7. Interrupting conversation of others, being unaware that others are talking

_____8. Withdrawal from group activities where hearing is essential to participation

_____9. Difficulty in following oral directions

_____10. Giving irrelevant answers to simple questions

_____11. Speaking in a monotone or speaking too loud or too soft

_____12. Omitting s, k, p, t, f, th sounds, and substituting one vowel sound for another

_____13. Showing shyness and fear of playing with other children

D. CONDITIONS THAT MAY BE RELATED TO DEFECTIVE HEARING:

_____1. Failures or unsatisfactory grades

_____2. Behavior problems

VISION:

_____Rubs eyes frequently
_____Tries to brush away blur
_____Has inflamed or watery eyes
_____Has red, encrusted, or swollen eyelids or recurring styes
_____Has crossed eyes ("squint")
_____Is unduly sensitive to light
_____Complains of headache, dizziness, nausea, or blurred vision
_____Stumbles over close objects, is irritable or cries when attempting close work
_____Is inattentive in chalkboard, wall-chart, or map work or during reading periods
_____When looking at distant objects holds body tense, screws up face, thrusts head forward
_____Holds book too close or too far away when reading
_____Shuts or covers one eye or tilts head when reading
_____Makes frequent changes in distant at which book is held
_____Tends to reverse words or syllables
_____Tends to lose place on page
_____Confuses o and a; e and c; n and m; h, n, and r; f and t
_____Has poor alignment in written work
_____Reluctant to play games requiring distance vision

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SPEECH/LANGUAGE/HEARING PATHOLOGIST _____ DATE RECEIVED _____

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NAME: Checklists for Vision and Hearing Screening

DESCRIPTION: These checklists consolidate steps that the speech pathologist must complete to provide an organized and efficient screening program. The format allows the SHLP to develop a timeline for each school which prevents oversights in multi-step process.

USE: The speech pathologist uses these checklists during all phases of vision and hearing screening.

NOTE: There are three checklists included which are essentially the same. Differentiation is based on the location of the testing and rescreening conditions.

#5a

CHECKLIST FOR VISION & HEARING SCREENING IN ELEMENTARY SCHOOL WITH SCREENING AND RECHECK OCCURRING ON THE SAME DATE.

		Yes	No
1.	Dates for simultaneous screening and recheck have been approved.	____	____
2.	Dates have been posted on school calendar.	____	____
3.	Volunteers have been contacted.	____	____
4.	Volunteer training session has been scheduled.	____	____
5.	Screening card information has been written in for students.	____	____
6.	"Permission to test" letters have been sent and received back for students on the hearing "yearly recheck" list.	____	____
7.	Audiometers have been picked up.	____	____
8.	Location for hearing screening and a separate location for hearing recheck has been determined.	____	____
9.	Location for vision screening has been determined. (Will be used later in the day for vision rechecks)	____	____
10.	Information (cards, copies of testing, etc.) has been received from the audiologist and vision specialist on those who were rechecked.	____	____
11.	Teachers have been contacted about test findings and recommendations.	____	____
12.	Audiometers have been returned to the IMC.	____	____

DIRECTIONS FOR VISION AND HEARING SCREENING IN ELEMENTARY SCHOOLS WITH SCREENING AND RECHECK OCCURRING ON THE SAME DATE.

A. Dates for Screening

1. Suggested dates for V & H screening and immediate recheck on the same date are given in the spring for the upcoming school year.
2. Check with the principal for approval of these dates.
3. Post the dates on the school calendar to alert other personnel.

B. Obtain volunteers

1. Your PTA school health committee (sick room workers) and local civic groups, such as the Telephone Pioneers, are good sources.
2. Plan to have enough volunteers to:
   a. man the audiometers
   b. bring the students to the testing site
   c. keep the students in order and on schedule
   d. accompany or direct students from the screening site to the recheck site.
3. Plan a training session for any volunteers who have never been involved in the screening "Refresher" sessions are also recommended for experienced volunteers.

C. Forms

1. The forms you need for V & H screening are automatically ordered for you. Contact the Supervisor of Speech and Hearing Services if you have questions or problems with forms.
2. Identifying information at the top of the screening card should be completed prior to screening. Consider the use of PTA volunteers for this. The cards should be completed using class rolls. This automatically provides for a record on each child, even if they are absent or miss the screening.

D. Equipment

1. Audiometers are automatically reserved for you when the screening dates are established. They are located at the IMC in the audio-visual dept.
2. Eye charts are also available for check-out at the audio-visual dept.

E. Location for Screening and Recheck

1. Reserve the most quiet location that you can find for the screening. Reserve a separate quiet location for the recheck site, since both will be occurring on the same day. Suggestions for good testing sites are:
   a. libraries (audio-visual or storange rooms within the library)
   b. stage with curtains drawn
   c. private offices
   d. conference rooms
   e. music rooms

F. Population for Screening

1. Screen all first graders, third graders, students identified for yearly recheck,exceptional ed. students, referrals, and students new to the county system at the elementary level.
2. At the junoir high and high school level, screen students identified for yearly recheck, exceptional ed. students, referrals, and students new to the county system.

G. Test Procedures

1. Assign volunteers for each station of the screening procedure:
   a. a volunteer to go to the class, give screening cards and return with the children.
   b. a volunteer to maintain the students in line and assist in traffic flow.
   c. a volunteer to operate the audiometer.
   d. a volunteer to check the screening card, give out "pass" letters, and send "fails" to the recheck site.
2. The frequencies to be screened are 500 Hz, 1000 Hz, 2000 Hz, and 4000 Hz.
3. The decibel level to be used are 25 dB for 500 Jz and 4000 Hz, 20 dB for 1000 Hz and 2000 Hz.
4. Begin each screening test in the right ear and establish an exact order of frequencies for the test:

   RE - 1000 Hz, 2000 Hz, 4000 Hz, 500 Hz
   LE - 1000 Hz, 2000 Hz, 4000 Hz, 500 Hz

5. The criteria for failing the screening is whenever a student does not respond to <u>two or more</u> of the frequencies checked.

6. All students who fail the screening should be sent to the recheck site with their screening card where the audiologist will retest them. The audiologist will complete the card and send appropriate letters of notification to the parents.

7. For vision screening, refer to "Directions for Vision Screening". If a student fails the initial screening, place their name on a list and they will be called when the vision specialist arrives on that day.

H. Follow-up

1. Medical referrals are handled by the audiologist. Follow-up information will be sent to the school SLHP and should be filed with the student's audiogram.
2. For students who have been recommended for preferential seating, the SLHP should contact the student's teacher(s) to insure that the recommendation is understood and carried out.

CHECKLIST FOR VISION & HEARING SCREENING IN JR. HIGH AND HIGH SCHOOLS. #56

		Yes	No
1.	Dates for screening have been determined and these dates along with the recheck dates have been approved by the principal.	___	___
2.	Dates have been posted on school calendar.	___	___
3.	Volunteers have been contacted.	___	___
4.	Volunteer training session has been scheduled.	___	___
5.	Screening card information has been written in for students.	___	___
6.	Audiometers have been picked up.	___	___
7.	Vision charts have been picked up.	___	___
8.	Location for hearing screening has been determined.	___	___
9.	Location for vision screening has been determined.	___	___
10.	Location for second screening of "fails" has been determined.	___	___
11.	Thresholds are obtained and recorded for hearing failures.	___	___
12.	Audiometers have been returned to the IMC.	___	___
13.	"Permission to test" letters have been sent for hearing (number ____)	___	___
14.	"Permission to test" letters have been returned for hearing (number ____)	___	___
15.	"Permission to test" letters have been sent for vision (number ____)	___	___
16.	"Permission to test" letters have been returned for vision (number ____)	___	___
17.	All necessary information for students to be rechecked is assembled and arranged for each individual student.	___	___
18.	An appropriate location for hearing rechecks has been reserved.	___	___
19.	An appropriate location for vision rechecks has been reserved.	___	___
20.	A volunteer or designated person has been assigned to assist on the recheck date.	___	___

DIRECTIONS FOR VISION & HEARING SCREENING IN JR. HIGHS AND HIGH SCHOOLS.

A. Dates for Screening

1. Dates for screening are left to the discretion of the school. The SLHP should check with the principal on this. You may want to consider the recheck date that has been given to you and screen in proximity to that date.
2. Post the dates on the school calendar to alert other personnel.

B. Obtain volunteers

1. Your PTA school health committee (sick room workers) and local civic groups, such as the Telephone Pioneers, are good sources.
2. Plan to have enough volunteers to:
   a. man the audiometers
   b. bring the students to the testing site
   c. keep the students in order and on schedule
3. Plan a training session for any volunteers who have never been involved in the screening. "Refresher" sessions are also recommended for experienced volunteers.

C. Forms

1. The forms you need for V & H screening are automatically ordered for you. Contact the Supervisor of Speech and Hearing Services if you have questions or problems with forms.
2. Identifying information at the top of the screening card should be completed prior to screening. Consider the use of PTA volunteers for this. The cards should be completed using class rolls. This automatically provides for a record on each child, even if they are absent or miss the screening.

D. Equipment

1. Call the audio-visual dept. at the IMC to reserve the audiometers you will need after you determine your screening dates.
2. Eye charts are also available for check-out at the audio-visual dept.

E. Location for Screening

1. Reserve the most quiet location that you can locate. Suggestions for good testing sites are:
   a. libraries (audio-visual or storage room within the library)
   b. stage with curtains drawn
   c. private offices
   d. conference rooms
   e. music rooms

F. Population for Screening

1. Screen all students identified for yearly recheck (including "move-up" yearly rechecks), exceptional ed. students, referrals, and students new to the County System.

G. Test Procedures

1. Assign volunteers for each station of the screening procedure:
   a. a volunteer to go to the class, give out screening cards and return with the children.
   b. a volunteer to maintain the students in line and assist in traffic flow.
   c. a volunteer to operate the audiometer.
   d. a volunteer to check the screening card, give out pass letters, and send "fail" to the second screening site.
2. The frequencies to be screened are 500 Hz, 1000 Hz, 2000 Hz, and 4000 Hz.
3. The decibel level to be used are 25 dB for 500 Hz and 4000 Hz, 20 dB for 1000 Hz and 2000 Hz.
4. Begin each screening test in the right ear and establish an exact order of frequencies for the test:
   RE - 1000 Hz, 2000 Hz, 4000 Hz, 500 Hz
   LE - 1000 Hz, 2000 Hz, 4000 Hz, 500 Hz
5. The criteria for failing the screening is whenever a student does not respond to two or more of the frequencies checked.
6. All students who fail the initial screening should be rechecked on the same day in a different location. If the students fails the second screening, thresholds should be obtained for the frequencies used in the screening process.
7. For vision screening, refer to "Directions for Vision Screening".

H. Follow-up

1. For hearing, fill out retest form including threshold information for any student who fails the second screening.
2. Send home "fail letter" which requires parent signature for further services by the audiologist or vision specialist.
3. Record a list of students needing hearing rechecks. Send a copy to the school audiologist and a copy to the principal. Do the same for vision rechecks.
4. Refer to "Suggestions for Audiological Recheck Date" for further instructions.

CHECKLIST FOR VISION AND HEARING SCREENING IN ELEMENTARY SCHOOLS WITH SEPARATE SCREENING AND RECHECK DATES. # 5C

		Yes	No
1.	Dates for screening and later rechecks have been approved by principal.	___	___
2.	Dates have been posted on school calendar.	___	___
3.	Volunteers have been contacted.	___	___
4.	Volunteer training session has been scheduled.	___	___
5.	Screening card information has been written in for students.	___	___
6.	Audiometers have been picked up.	___	___
7.	Vision charts have been picked up.	___	___
8.	Location for hearing screening has been determined.	___	___
9.	Location for vision screening has been determined.	___	___
10.	Location for second screening of "fails" has been determined.	___	___
11.	Thresholds are obtained and recorded for hearing failures.	___	___
12.	Audiometers have been returned to the IMC.	___	___
13.	"Permission to test" letters have been sent for hearing (number ____)	___	___
14.	"Permission to test" letters have been returned for hearing (number ____)	___	___
15.	"Permission to test" letters have been sent for vision (number ____)	___	___
16.	"Permission to test" letters have been returned for vision (number ____)	___	___
17.	All necessary information for students to be rechecked is assembled and arranged for each individual student.	___	___
18.	An appropriate location for hearing rechecks has been reserved.	___	___
19.	An appropriate location for vision rechecks has been reserved.	___	___
20.	A volunteer or designated person has been assigned to assist on the recheck date.	___	___

DIRECTIONS FOR VISION & HEARING SCREENING IN ELEMENTARY SCHOOLS WITH SEPARATE SCREENING AND RECHECK DATES.

A. Dates for Screening

1. Suggested dates for V & H screening are given in the spring for the upcoming school year.
2. Check with the principal for approval of these dates.
3. Post the dates on the school calendar to alert other personnel.

B. Obtain volunteers

1. Your PTA school health committee (sick room workers) and local civic groups, such as the Telephone Pioneers, are good sources.
2. Plan to have enough volunteers to:
   a. man the audiometers
   b. bring the students to the testing site
   c. keep the students in order and on schedule
3. Plan a training session for any volunteers who have never been involved in the screening. "Refresher" sessions are also recommended for experienced volunteers.

C. Forms

1. The forms you need for V & H screening are automatically ordered for you. Contact the Supervisor of Speech and Hearing Services if you have questions or problems with forms.
2. Identifying information at the top of the screening card should be completed prior to screening. Consider the use of PTA volunteers for this. The cards should be completed using class rolls. This automatically provides for a record on each child, even if they are absent or miss the screening.

D. Equipment

1. Audiometers are automatically reserved for you when the screening dates are established. They are located at the IMC in the audio-visual dept.
2. Eye charts are also available for check-out at the audio-visual dept.

E. Location for Screening

1. Reserve the most quiet location that you can locate. Suggestions for good testing sites are:
   a. libraries (audio-visual or storage rooms within the library)
   b. stage with curtains drawn
   c. private offices
   d. conference rooms
   e. music rooms

2. Observe the setting more than once during the day to be sure that it is quiet for the entire school day or as much of the day as possible. Consider plumbing noise, air conditioning noise, street noise, and adjacent rest rooms when choosing a site.

F. Population for Screening

1. Screen all first graders, third graders, students identified for yearly recheck, exceptional ed. students, referrals, and students new to the county system at the elementary level.
2. At the junior high and high school level, screen students identified for yearly recheck, exceptional ed. students, referrals, and students new to the county system.

G. Test Procedures

1. Assign volunteers for each station of the screening procedure:
   a. a volunteer to go to the class, give out screening cards and return with the children.
   b. a volunteer to maintain the students in line and assist in traffic flow.
   c. a volunteer to operate the audiometer.
   d. a volunteer to check the screening card, give out pass letters, and send "fail" to the second screening site.
2. The frequencies to be screened are 500 Hz, 1000 Hz, 2000 Hz and 4000 Hz.
3. The decibel level to be used are 25 dB for 500 Hz and 4000 Hz, 20 dB for 1000 Hz and 2000 Hz.
4. Begin each screening test in the right ear and establish an exact order of frequencies for the test:

   RE - 1000 Hz, 2000 Hz, 4000 Hz, 500 Hz
   LE - 1000 Hz, 2000 Hz, 4000 Hz, 500 Hz

5. The criteria for failing the screening is whenever a student does not respond to <u>two or more</u> of the frequencies checked.

6. All students who fail the initial screening should be rechecked on the same day in a different location. If the students fails the second screening, thresholds should be obtained for the frequencies used in the screening process.

7. For vision screening, refer to "Directions for Vision Screening".

H. Follow - up

1. For hearing, fill out retest form including threshold information for any student who fails the second screening.
2. Send home "fail letter" which requires parent signature for further services by the audiologist or vision specialist.
3. Record a list of students needing hearing rechecks. Send a copy to the school audiologist and a copy to the principal. Do the same for vision rechecks.
4. Refer to "Suggestions for Audiological Recheck Date" for further instructions.

NAME: Permission to receive vision or hearing screening

DESCRIPTION: This form is a request to the parent for screening of vision, hearing, and communication.

USE: Any circumstance requiring segregation of a student in order to test hearing, vision, or communication is preceded by parental permission to test.

This letter is signed by parents of all new students and is given to SLHP for follow-up so that no student will be overlooked.

#6

SLHP

Jefferson County Board Of Education

SPEECH/LANGUAGE/HEARING SERVICES

PERMISSION TO TEST

DATE _____

DEAR PARENTS:

OUR SCHOOL IS RECEIVING THE SERVICES OF A SPEECH/LANGUAGE/HEARING PATHOLOGIST THIS YEAR. SHE WILL BE CONDUCTING A SCREENING AND EVALUATION PROGRAM FOR SPEECH/LANGUAGE/HEARING/VISION IN OUR SCHOOL. IF YOU WISH TO TAKE ADVANTAGE OF THIS SERVICE WHICH IS PROVIDED AT NO COST TO YOU BY THE JEFFERSON COUNTY BOARD OF EDUCATION, PLEASE INDICATE BY SIGNING BELOW AND RETURNING THIS LETTER TO YOUR CHILD'S TEACHER BY _____. IF YOU DO NOT WANT TO TAKE ADVANTAGE OF THIS SERVICE, CHECK THE APPROPRIATE SPACE BELOW, SIGN THE LETTER AND RETURN IT TO YOUR CHILD'S TEACHER.

YOUR SPEECH/LANGUAGE/HEARING PATHOLOGIST IS _____

SHE WILL CONTACT YOU CONCERNING ANY SIGNIFICANT RESULTS OF THE SCREENING AND EVALUATION PROGRAM. WE HOPE YOU WILL AVAIL YOURSELF OF THIS SERVICE FOR YOUR CHILD.

SINCERELY,

PRINCIPAL

****

YES _____

I WANT MY CHILD TO TAKE PART IN THE SCREENING AND EVALUATION PROGRAM FOR SPEECH/LANGUAGE/HEARING/VISION.

_____

PARENT SIGNATURE

****

NO _____

I DO NOT WANT MY CHILD TO TAKE PART IN THE SCREENING AND EVALUATION PROGRAM FOR SPEECH/LANGUAGE/HEARING/VISION.

_____

PARENT SIGNATURE

****

STUDENT'S NAME_____ TEACHER_____

SLHP_____ DATE RECEIVED_____

NAME: Recheck and Follow-up on Hearing

DESCRIPTION: This form provides space for listing student names, recheck scores, and medical information resulting from screening recheck.

USE: The form is used by the speech pathologist as a student record throughout screening process. The form is kept in each school for future reference.

JEFFERSON

7A

SPEECH/LANGUAGE/HEARING SERVICES

REPORT OF STUDENTS' FAILING HEARING SCREENING

SCHOOL _____ SCREENING DATE _____

	STUDENT NAME		STUDENT NAME
1.		21.	
2.		22.	
3.		23.	
4.		24.	
5.		25.	
6.		26.	
7.		27.	
8.		28.	
9.		29.	
10.		30.	
11.		31.	
12.		32.	
13.		33.	
14.		34.	
15.		35.	
16.		36.	
17.		37.	
18.		38.	
19.		39.	
20.		40.	

THE STUDENTS LISTED ABOVE FAILED THE HEARING SCREENING. A LETTER WAS SENT TO THEIR PARENTS NOTIFYING THEM OF THE NEED TO FOLLOW UP WITH THE SCHOOL AUDIOLOGIST.

SPEECH/LANGUAGE/HEARING PATHOLOGIST_____ DATE_____

NAME: Vision Screening Record

DESCRIPTION: The vision screening record provides a listing of students requiring rechecks and follow-up. Test data and medical information can be noted here, also.

USE: The speech pathologist uses this form for listing vision rechecks and compilation of all test data. The form is used throughout screening process.

JCBE Form 345 SLHP-1P

JEFFCOED

#7B

VISUALLY HANDICAPPED SERVICES

REPORT OF STUDENTS FAILING VISION SCREENING

SCHOOL _____ SCREENING DATE _____

	STUDENT NAME		STUDENT NAME
1.	_____	21.	_____
2.	_____	22.	_____
3.	_____	23.	_____
4.	_____	24.	_____
5.	_____	25.	_____
6.	_____	26.	_____
7.	_____	27.	_____
8.	_____	28.	_____
9.	_____	29.	_____
10.	_____	30.	_____
11.	_____	31.	_____
12.	_____	32.	_____
13.	_____	33.	_____
14.	_____	34.	_____
15.	_____	35.	_____
16.	_____	36.	_____
17.	_____	37.	_____
18.	_____	38.	_____
19.	_____	39.	_____
20.	_____	40.	_____

THE STUDENTS LISTED ABOVE FAILED THE VISION SCREENING. A LETTER WAS SENT TO THEIR PARNETS NOTIFYING THEM OF THE NEED FOR FOLLOW-UP.

SLHP _____ DATE _____

NAME: Referral for Audiological Services

DESCRIPTION: This form is a short case history for hearing and a record of hearing levels obtained after the student has failed the screening.

USE: The information from this form is used by the speech pathologist during rescreen and by the audiologist during the initial audiological assessment. The form insures that all available information regarding the hearing level has been obtained before the audiologist reviews the record.

JEFFCOED

JCBE Form 464.2-I

8

SPEECH/LANGUAGE/HEARING SERVICES

REFERRAL FOR AUDIOLOGICAL SERVICES

CHILD'S FULL NAME _____ D.O.B. _____ R/S ____ / ____

SCHOOL _____ TEACHER _____ GRADE _____

PARENTS' (FULL NAMES) _____

ADDRESS _____

_____ ZIP CODE _____ PHONE/HOME _____ OFFICE _____

I. HISTORY OF HEARING LOSS

____ HAVE YOU EVER BEEN TO AN EAR SPECIALIST? WHO? _____
____ IS THERE ANYONE IN YOUR FAMILY WHO DOES NOT HEAR WELL? _____
____ CHRONIC EAR INFECTIONS
____ FLUCTUATING HEARING LOSS
____ WEARS A HEARING AID
____ FOLLOWED MEDICALLY
____ BY WHOM
____ FOLLOWED AUDIOLOGICALLY
____ WHERE
____ A COLD NOW
____ TINNITUS: BUZZING, RINGING OR ROARING IN EARS
____ TONSILECTOMY AND/OR ADENOIDECTOMY

II. CURRENT INDICATIONS OF HEARING LOSS

____ FAILED HEARING SCREENING TEST
____ FOLLOWS DIRECTIONS POORLY
____ RELIES ON VISUAL CLUES
____ ASKS QUESTIONS REPEATEDLY
____ FREQUENT COLDS AND EARACHES
____ DELAYED SPEECH/LANGUAGE

III. HEARING SCREENING LEVELS OF RESPONSE FROM CHILD

AUDIOMETER _____ SERIAL NO. _____

	500	1000	2000	4000
RE				
LE				

RESCREEN. THEN, IF STUDENT DOES NOT PASS, RECORD THE LEVEL AT WHICH THE CHILD RESPONDS FOR EACH FREQUENCY INDICATED. IF THE STUDENT FAILS THE RESCREEN, CONTACT THE SCHOOL AUDIOLOGIST

Test Conditions

____ Very Quiet ____ Quiet

____ Mod. Noise ____ Noisy

Test Reliability

Good Fair Poor

IV. ADDITIONAL INFORMATION

_____

_____

_____

REFERRED BY _____

DATE REFERRAL RECEIVED _____

NAME: Screening Card

DESCRIPTION: Included on the screening card is information and results from screening, recheck, medicals, or other needed information.

USE: The screening card is used in all steps of the screening as a central storage for all diagnostic data. The card is designed to store data for three screenings. As the student moves from one school to the other, the card is transferred and maintained until five years past graduation. If educational adaptation is needed, the information is transferred to the permanent record card. The screening card index is compared to the enrollment card index on a yearly basis to insure that all students in the school have been screened.

JCBE
471-C.1

JEFFCOED

SLHP

SPEECH/LANGUAGE/HEARING SERVICES
SCREENING FORM

NAME _____ SCHOOL _____ H. AID ___ GLASSES ___

Visual Acuity	Both	Right	Left	Chart	Telebinocular	Behavioral Signs Visual Problems
1.						
2.						
3.						

Frequency	500	1000	2000	4000 HZ
Level in dB	25dB	20dB	20dB	25dB
1. Ear - right				
left				
2. right				
left				
3. right				
left				

✓=correct response x=missed
(two x's indicate student fails)

Pass: put P
Fail: put F

Date	Grade	Hearing	Vision	Hear. Rescreen	Audio	Vis. Exam.	Med. Ref.
1.							
2.							
3.							

MAKE COMMENTS AND RECOMMENDATIONS ON BACK OF CARD

NAME: Pass Hearing Screen

DESCRIPTION: This note informs parents that hearing screening results are within normal limits.

USE: The pass hearing note is sent to parents after original hearing screening or recheck.

JCBE Form 345 SLHP-IQ

JEFFERSON COUNTY BOARD OF EDUCATION

10

SPEECH, LANGUAGE AND HEARING SERVICES

Dear Parent:

Your child received a hearing screening at school on _____.

We are pleased to inform you that he/she could hear the tones at levels indicating normal hearing and thus passed the screening.

If you have any questions, please direct them to your school speech, language, and hearing pathologist.

This service provided by your school P.T.A. Health Committee and staff.

NAME: Fail Hearing Screen

DESCRIPTION: This form informs parents that the student did not pass the hearing screening and requests permission for entrance into diagnostic process.

USE: The SLHP obtains parental permission for further hearing testing by including this form in the recheck file for each student who fails the screening.

JEFFCOED

#11

SPEECH, LANGUAGE AND HEARING SERVICES

Date:_____ Name:_____

School:_____

Dear Parent:

Your child received a hearing screening at his school on _____.

He/she was unable to respond to some of the tones at the screening levels indicating the need for further hearing evaluation by our school audiologist. She will be happy to provide this service for your child at no cost if you will sign this note and return it to your school Speech/Language/Hearing Pathologist.

You will be notified of the results of the audiological assessment.

_____
School Speech/Language/Hearing Pathologist

___Yes, I will allow my child to receive further hearing evaluation by the school audiologist.

_____/_____
Parent Signature (Date)

___No, I do not wish to have my child receive audiology services.

_____/_____
Parent Signature (Date)

NAME: Audiological Assessment

DESCRIPTION: The audiological assessment includes a record of selected audiological examinations. Specific recommendations are noted.

USE: The audiologist uses this form during step 3 as a diagnostic test result documentation. If interagency contracts are required, this form serves as the first page of the contract, stating the school system's recommendation.

JEFCOED

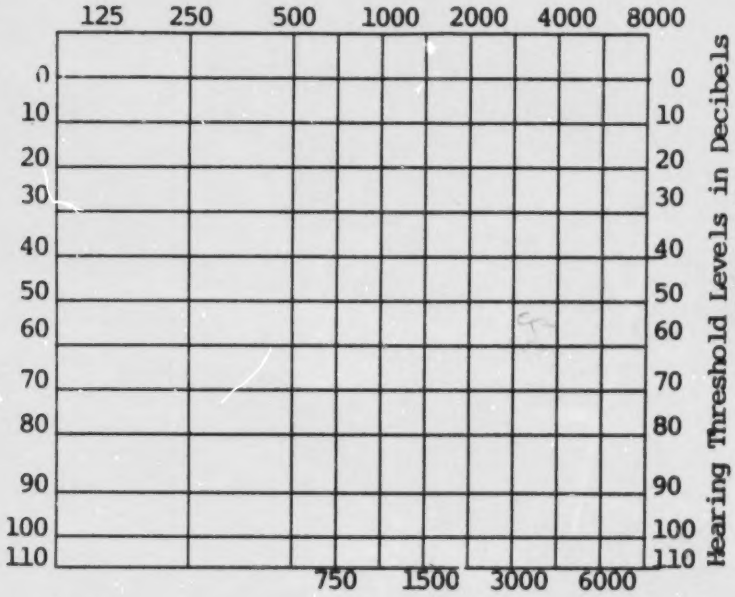
SPEECH/LANGUAGE/HEARING SERVICES

AUDIOLOGICAL ASSESSMENT

NAME _____ DOB _____ PHONE _____ R/S _____ GRADE _____

SCHOOL _____ STUDENT'S ADDRESS _____

PARENT'S NAME _____ PREVIOUS JEFCO AUDIOLOGICAL TEST: YES ___ DATE _____



AUDIOGRAM CODE

Ear	Color	AC	ACMasked	BC	BCMasked
Right	Red	O	△	>	]
Left	Blue	X	□	<	[

NR=No Response CNT=Cannot Test

Test Conditions

Quiet: Mod.Quiet: Noisy:

Hearing Today: Same Better Worse

Cold Today: Yes Slight No

Tinnitus: Right: Left:

Audiometer Used:

Air Conduction Averages(500-20000HZ)

Right: dB Left: dB

Reliability

Good: Fair: Poor:

Impedance measurements:

Ear:	Type A	Type B	Type C	Atypical
Right:				
Left:				

STAPEDIAL REFLEX TESTING

500 1000 2000 4000HZ

Phone R

Phone L

Impedance findings: Conductive involvement is/is not indicated

Description of hearing:

RECOMMENDATIONS: See items checked

() Medical attention suggested
() Preferential seating in classroom
() Yearly audiological recheck
() Further audiological assessment
() Monitor for fluctuating hearing
() Counsel concerning noise exposure
() Refer to SRT for HI Services
() Other

Tested By: _____ DATE: _____

NAME: Audiologist Report of Hearing Services

DESCRIPTION: The report of audiological services is a written statement of results of testing for parental information. Permission for audiological monitoring is included for future testing.

USE: The audiologist sends this report as a communication with the parents concerning hearing testing results and follow-up procedures. This is sent after the recheck for hearing.

#13

JEFCOED

JEFFERSON COUNTY BOARD OF EDUCATION
AUDIOLOGICAL SERVICES

Student's Name _____
School _____

Tammy J. DeBoer, Audiologist
Springdale Center
88 Long Street
Birmingham, AL 35217

Date _____

Dear Parent:

_____ received hearing services on _____.
Your child's hearing was found to be (note the item checked):

____ 1. Within Normal Limits.
____ 2. Within normal limits for each ear at the primary speech sounds, with a loss for the higher pitched sounds. This should not affect his/her school performance, but you should not allow him/her to be exposed to loud environmental sounds (ex. guns, fire crackers, and loud continuous noise) without ear protection such as ear plugs.
____ 3. Normal for the _____ ear and a _____ loss for the _____ ear. Your child should receive preferential seating with his/her _____ ear toward the teacher. His/her hearing should be rechecked on a yearly basis to monitor any changes, especially in the better ear.
____ 4. A Possible medical problem was found with your child's ears. Please take him/her to and Ear, Nose, Throat Physician, or local health service. Please be sure your doctor sees the attached audiogram and attaches his comments on your child's medical status to this form. Then return this letter to me. (See address above.)
____ 5. Other:

If you have any difficulty understanding or following through with these recommendations, please call me and I will assist you in obtaining the recommended srevices for your child. I will call you back if you leave a message for me at 849-6260. Please feel free to call if assistance is needed.

In order to monitor any changes that may take place in your child's hearing sensitivity, we must have your permission to recheck _____'s hearing next year. Please ckeck below.

I ___ do ___ do not give permission for my child to receive audioglogcial services next year.

_____ _____
Parent's signature Date

Please sign and return to me as soon as possible.

Sincerely,

NAME: Audiologist Response Form for Parents

DESCRIPTION: The audiologist response form for parents provides written interpretation of audiological records indicating hearing levels interfering with the student's education. A checklist is provided for each explanation. Follow-up information is provided for parents.

USE: The response form is used by the audiologist after a review of audiological records has been completed. This is done as a referral based upon audiologist test results.

JEFCOED

#14

JEFFERSON COUNTY BOARD OF EDUCATION
AUDIOLOGICAL SERVICES

Student's Name _____
School _____

Tammy J. DeBoer, Audiologist
Springdale Center
88 Long Street
Birmingham, AL 35217

Date _____

Dear Parent:

I have reviewed available audiological records on _____. The results indicate that further investigation is needed to determine whether _____'s hearing interferes with his/her education. (See item/s checked.)

____1. Your child should be seen by an ear, nose, and throat physician or local health service.

____2. Your child should be examined by a certified audiologist for a complete hearing evaluation.

____3. Testing information has been attached for the physician or audiologist. Please ask the examiner to attach a report on your child's medical/audiologicl status to this form, then return this letter to me. (address above)

____4. Other:

If you have any difficulty understanding or following through with these recommendations, please call me and I will assist you in obtaining the recommended services for your child. I will return your call if you leave a message for me at 849-5260. Please feel free to call if assistance is needed.

In order to monitor any changes that may take place in your child's hearing sensitivity, we must have your permission to recheck _____'s hearing next year. Please check below.

I ___ do / ___ do not give permission for my child to receive audiological services next year.

_____ _____
Parent's signature Date

Please sign and return to me as soon as possible.

Sincerely,

Tammy DeBoer, Audiologist

NAME:	Pass Vision Screening
USE:	This leter informs parents of vision screening results and a contact person if more information is needed.
STEPS WHERE USED:	This letter is used by the Speech and Language Pathologist after initial vision screening.

#15

JEFCOED

JEFFERSON COUNTY BOARD OF EDUCATION

VISUALLY HANDICAPPED SERVICES

Dear Parents:

Your child received a vision screening at school on _____.

We are pleased to inform you that he/she demonstrated visual acuity levels indicating normal vision and thus passed the screening.

If you have any questions, please direct them to _____ at _____.
(vision teacher) (phone)

This service provided by your school P.T.A. Health Committee and staff.

NAME: Fail Vision Screening

DESCRIPTION: This letter informs the parents of failure on the initial vision screening. Parental permission for retest of visual acuity is included.

The name of the vision specialist is included so parents can make direct inquiries concerning procedures and results.

USE: This letter is used by the Speech and Language Pathologist after initial vision screening. The use of this form is limited to situations where special permission for testing is required.

#16

JEFFERSON COUNTY BOARD OF EDUCATION
Jefferson County Board Of Education
400-A Courthouse Building
Birmingham, Alabama 35263
Telephone: 205/325-5222

BOARD OF EDUCATION
Mrs. Betsy Faucette
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Mr. Jack E. Brymer, Sr.
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Mr. Bill Mewbourne
John J. Hunt Ed. D.
Superintendent and
Secretary

_____
Date

Dear_____,

In the course of our screening program_____
was found to have an unsatisfactory visual acuity at various levels.

We would like to request your permission to have our vision specialist test _____vision. This service is available at no cost to you. Please indicate your response to this request_____.
Our vision specialist will be glad to answer any questions you may have.

Sincerely,

_____
Principal

_____
School

_____
Vision Specialist

_____Yes, I will allow my child to receive vision services.

_____No, I do not wish to have my child receive vision services.

_____
Parent Signature

"IF A NATION EXPECTS TO BE IGNORANT AND FREE, IT EXPECTS WHAT NEVER WAS AND NEVER WILL BE."
Thomas Jefferson

NAME: Pass/Fail Vision Recheck

DESCRIPTION: This letter informs parents of specific results when a child was referred for vision screening by the school review team. The referring party, evaluation tool, and vision teacher are noted for parent information.

USE: This letter is used by the vision specialist after a school review team referral.

17

JEFCOED

Jefferson County Board of Education
Vision Program

DATE_____

Dear Parents:

_____was referred for a visual examination by the exceptional education placement committee. This is to insure proper placement for your child. The results indicate:

_____Pass - near and far acuities are within normal limits according to the screening.

_____Fail - Further testing by a physician or another specialist may be needed. The screening results are_____

_____

_____

Evaluation instrument used:_____

_____

_____

Thank you,

Vision Teacher
853-1750

NAME: Keystone Telebinocular Record
(Keystone View, 1976)

DESCRIPTION: This form is a check list provided by distributer of the Keystone Telebinocular screening test. The student's responses are checked in boxes and therefore fall into pass or fail categories.

USE: This form is used by the vision specialist, during testing and during parent contact, for recording and interpreting screening results.

NAME: Vision Recheck List

DESCRIPTION: This form is used to list all students receiving a vision recheck in each particular school. Phone numbers, test results, and screening tool are noted for future reference.

USE: The recheck list is used by the vision secialist after any vision recheck and parent contact. The list is filed in a school folder for future follow-up and other references to testing.

#19

JEFCOED

Vision Screening Services
Jefferson County Public Schools

School _____
Telebinocular _____ Chart _____

Name	Phone Number	Results

NAME: Classroom Observation - Vision

DESCRIPTION: This form includes information about a particular student while performing visual tasks in the classroom setting.

USE: The classroom observation form is used by the vision specialist for specific accommodations, observations and monitoring of students with visual problems.

Jefferson County Public Schools
Vision Program

#20

Name:
School:
Grade:
Date:
Class Observed:

Observation:

Vision Teacher

NAME: Eye Report for Children with Visual Problems (National Society for the Prevention of Blindness)

DESCRIPTION: The eye report form is a case history, visual acuity measurement, and prescriptive device used by physicians or other eye specialists as a standard reporting form.

USE: The physician or other eye specialist completes this form when a student needs specific accommodations because of visual problems. The vision specialist sends this form, step 4, for assistance in appropriate educational accommodations or exceptional education placement recommendations.

NAME: Financial Assistance - Vision

DESCRIPTION: This form is given to the speech pathologist for student's requesting financial assistance for an eye examination. Parents must make initial call to qualify for assistance by verifying need.

USE: This form is used after parental contact notification of failure on vision recheck. Alabama Sight is funded by the Lions' Clubs of Alabama and is housed at Eye Foundation Hospital in Birmingham. State Crippled Children's Services use this service also.

Jefferson County Board Of Education
400-A Courthouse Building
Birmingham, Alabama 35263-0056
Telephone: 205/325-5222

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MEMORANDUM

TO: Vision Teachers administering vision rechecks

FROM: Mary Jean Sanspree
Coordinator of Vision Recheck Program

RE: Financial assistance for visual examinations

If financial assistance is needed for eye care after the vision recheck, please have the parents call a representative at Alabama Sight, 325-8516. Those who receive Medicaid should call the same number for an appointment.

NAME: Eligibility Determination Committee (EDC) Report.

DESCRIPTION: The EDC report provides space for hearing and vision screening results, a medical report area for previous testing information, and a place for specific/related services as a request for vision or hearing follow-up.

USE: The EDC report is used in the vision and hearing screening procedure as a written statement of screening or diagnostic results and as a referral for specific vision or hearing testing.

FORM A
of IEP
Page 1

JEFFERSON COUNTY BOARD OF EDUCATION

JCBE Form 345 SLHP-1E

ELIGIBILITY DETERMINATION COMMITTEE REPORT

RECEIVING SCHOOL: _____

☐ NEW
☐ CHANGE
☐ RE-EVAL
☐ DELETE

CASE NO.	STUDENT NAME: LAST NAME	FIRST NAME	I.	RACE	BIRTHDATE: MO.	DAY	YR.	SEX	REF/EDC DATE: MO.	DAY	YR.

PRESENT LEVELS OF STUDENT PERFORMANCE:

Diagnostic Tool Evaluator	Date Admin	RESULTS:
Speech Screen	/ /	N 1 2 3 Articulation; N 1 2 3 Fluency; N 1 2 3 Voice; N 1 2 3 Language
	/ /	Area of Primary Concern: V 1 2 3; A 1 2 3; L 1 2 3; F 1 2 3; H 1 2 3; Overall 1 2 3
	/ /	Behavior Rating Social Maturity:
	/ /	
	/ /	Educational Achievement:
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	Medical Report:
	/ /	
Vision Screen	/ /	Pass Fail
Hearing Screen	/ /	Pass Fail

Statement of Justification for Recommended Services:

Recommended Service Delivery:

EXCEPTIONALITIES (Prim/Sec) _____

____ Reg. Class

____ Reg. Class w indirect services of _____ t/hr.

____ Reg. Class w direct services of _____ t/hr.

____ Reg. Class w resource services of _____ t/hr.

____ Self cont'd _____ class w/part time reg. class

____ Full time self cont'd _____ class w in reg. sch.

____ Full time self cont'd _____ class w in private sch.

____ Pub. care facility part time _____ class.

full time _____ class.

24 hr. care _____

____ Hospital _____ Type Service

____ Homebound _____ Type Service

TIME IN REGULAR CLASS _____

SPECIFIC/RELATED SERVICES:

Parent's Name _____

Address _____

Telephone _____ Zip _____

Student's Age _____ Grade _____

Originating School _____

Current Placement _____

Eligibility Committee Members:

Signature	Title	Date	Signature	Title	Date

COPIES TO:

Guid	____	Others:	
Sch	____		____
ExEd	____		____
OT PT	____		____
Aud	____		____
SpTh	____		____
Trans	____		____

Parent's Signature _____ Date _____

70 72 73 #76 8/81

NAME: Principal's Report - Hearing

DESCRIPTIONN: The checklist is a report of hearing screening information for a particular school. Including the principal in the procedure assures regular education participation and volunteer encouragement.

USE: The principal completes the form from information provided by the speech pathologist. This serves as a yearly report on hearing rechecks.

#24

Aud. 205-P

Principal's Report

_____Date of hearing screening

_____Number of students screened

_____Who screened? P.T.A., Sp. Th., etc.

_____Number of students who passed

_____Number of students who failed

_____Number of students who were re-screened

_____Number of students referred to the audiologist

_____Number of students needing medical attention

Follow-up to be completed by_____.

Date:_____

Name of students requiring follow-up.

Name of Student: Teacher:

_____
Report compiled by PTA
Hearing Screening Volunteer

Principals are requested to support the efforts of the speech therapists to involve parents in the screening procedure.

Please keep this record to assist in completing the "Summary of Health Service." from which you will receive in the "Close of School Administrative Bulletin". That form will be returned to: Bill Legg, 1014 N. 22nd. Street, Birmingham, Alabama 35203

NAME: End of Year Screening Report

DESCRIPTION: The end of the year screening report is a compilation of any screening administered within a particular school. System-wide statistics can be derived from data provided on this form.

USE: This form is completed by the speech pathologist after all screening and rechecks and gathering of information has been completed.

JEFCOED

JEFFERSON COUNTY BOARD OF EDUCATION
Birmingham, Alabama

SUMMARY OF HEALTH SERVICES

For Year of _____

SCHOOL_____ PRINCIPAL_____

I. VISION SCREENING TESTS

1. Grades Screened_____ Referrals from Grades _____
2. Number of pupils screened (first screening):_____
   Screened by:_____
3. Number of pupils re-screened by Public Health Nurse: _____
4. Number of pupils referred to specialist for eye-examination _____
5. Number of pupils seen by eye specialist _____
6. Number of children given glasses_____
7. Number of children recommended by doctor for special seating or other adjustment at school _____
8. Number of cases which have secured no follow-up examination of care _____
9. Have the parents of these children been contacted by telephone or personal note? Yes _____ No _____ Number contacted _____
10. Has a list of non-responders been given to the Public Health Nurse for home visiting? Yes _____ No _____ Number referred _____

II. HEARING SCREENING TESTS

1. Number of pupils given sweep test for hearing acuity this year _____
2. Number of pupils re-tested (threshold test): _____
3. Number of children referred for ear-nose-throat examination _____
4. Number of children who have secured medical examination (ear-nose-throat) _____
5. Number of children examined who required treatment _____
6. Number of children recommended by doctor for special seating or other adjustment at school _____
7. Number of children referred by ear-nose-throat doctor to Hearing and Speech Clinic _____
8. Number of cases which have secured no medical examination or care _____
9. Have the parents of these children been contacted by telephone or personal note? Yes _____ No _____ Number contacted _____
10. Has a list of non-responders been given the Public Health Nurse for home visiting? Yes _____ No _____ Number referred _____

THE IMFORMATION WILL BE ASKED FOR THE "END-OF-THE-YEAR" REPORTS.

Return to: Bill Legg
1014 North 22nd Street
Birmingham, AL 35203